TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	**10/593,380**
Confirmation Number	
Filing Date	**with an effective filing date of January 29, 2005**
First Named Inventor	**Peter ZIEMER**
Group Art Unit	**3656**
Examiner Name	**Phillip A. JOHNSON** **Fax: (571) 273-8300**
Attorney Docket Number	**ZAHFRI P887US**

Total No. of Pages in this Submission: 14

ENCLOSURES *(check all that apply)*

- ■ Fee Transmittal Form .... [1]
  (in Duplicate)
  - ■ Fee attached - Check $1,110.00
- ■ Response .... [9]
  - ☐ After Final
  - ☐ Affidavits/declaration(s)
- ■ Extension of Time Request .... [1]
  (in Duplicate)
- ☐ Express Abandonment Request
- ☐ Information Disclosure Stmt .... ☐
- ☐ Certified Copy of Priority .... ☐ Document(s)
- ☐ Response to Missing Part/s Incomplete Application .... ☐
  - ☐ Response to Missing Parts under 37 CFR 1.52 or 1.53

- ☐ Assignment papers .... ☐ *(for an Application)*
- ☐ Drawing(s) --Annotated Sheet(s) ... ☐ Replacement Sheet(s) .... ☐
- ☐ Licensing-related Papers .... ☐
- ☐ Petition Routing Slip (PTO/SB/69) and Accompanying Petition (DELETED - no longer useful)
- ☐ To Convert a Provisional Petition ... ☐
- ☐ Power of Attorney, Revocation Change of Correspondence Address . ☐
- ☐ Terminal Disclaimer .... ☐
- ☐ Small Entity Statement .... ☐
- ☐ Request for Refund .... ☐

- ☐ After Allowance Communication to Group .... ☐
- ☐ Appeal Communication to Board of Appeals and Interferences .... ☐
- ☐ Appeal Communication to Group *(Appeal Notice, Brief, Reply Brief)* ☐
- ☐ Proprietary Information .... ☐
- ☐ Status Letter .... ☐
- ■ Additional Enclosure(s) *(please identify below):*

  Postcard

REMARKS

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	Michael J. Bujold DAVIS & BUJOLD, P.L.L.C.	Reg. No. 32,018 **CUSTOMER NO. 020210**
Signature		
Date	June 11, 2009	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on __June 11, 2009__.

Signature		Date: June 11, 2009 (amp)
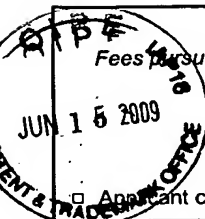
PTO/SB/17 (10-07)
Approved for use through 06/30/2010. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). **FEE TRANSMITTAL** **For FY 2008** ☐ Applicant claims small entity status. See 37 CFR 1.27	*Complete if Known*	
	Application No. Filing Date First Named Inventor Examiner Name Art Unit	10/593,380 with an effective filing date of January 29, 2005 Peter ZIEMER Phillip A. JOHNSON 3656
TOTAL AMOUNT OF PAYMENT: $1,110.00	Attorney Docket No.	ZAHFRI P887US

METHOD OF PAYMENT (check all that apply)

■ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

■ Deposit Account   Deposit Account Number __04-0213__   Deposit Account Name: __DAVIS & BUJOLD, P.L.L.C__

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below   ☐ Charge fee(s) indicated below, **except for the filing fee**

■ Charge any additional fee(s) or underpayments of fee(s) ■ Credit any overpayments
   under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on the this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

	FILING FEES		SEARCH FEES		EXAMINATION FEES		
Application Type	Fee ($)	Small Entity Fee ($)	Fee ($)	Small Entity Fee ($)	Fee ($)	Small Entity Fee (4)	Fees Paid ($)
Utility	330	165	540	270	220	110	_____
Design	220	110	100	50	140	70	_____
Plant	220	110	330	165	170	85	_____
Reissue	330	165	540	270	650	325	_____
Provisional	220	110	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description	Fee ($)	Small Entity Fee ($)
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195

Total Claims		Extra Claims		Fee ($)		Fee Paid ($)	Multiple Dependent Claims	
_____ -20 or HP =		_____	x	$52/$26 =		_____	Fee ($)	Fee Paid ($)
Indep. Claims		Extra Claims		Fee ($)		Fee Paid ($)	_____	_____
_____ -3 or HP +		_____	x	$220/$110 =		_____		

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE
   If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is $260 ($130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets		Extra Sheets		No. of each additional 50 or fraction thereof	Fee ($)	Fee Paid ($)
_____ -100 =		_____ / 50 =		_____ (round up to a whole number) x	$270/$135 =	_____

4. OTHER FEE(S)   Fees Paid ($)

   Non-English Specification, $130 fee (no small entity discount)   _____

   Other (e.g., late filing surcharge): Petition for Three Month Extension of term _____ $1,110.00

SUBMITTED BY

Signature	*(signature)*		Telephone (603) 226-7490
Name (Print/Type)	Michael J. Bujold	Registration No. (Atty/Agent) 32,018	Date: June 11, 2009

JUN 15 2009

PTO/SB/17 (10-07)
Approved for use through 06/30/2010. OMB 0651-0032
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Effective on 12/08/2004. *Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).* # FEE TRANSMITTAL # For FY 2008 ☐ Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT: $1,110.00	*Complete if Known*
	Application No. — 10/593,380 Filing Date — with an effective filing date of January 29, 2005 First Named Inventor — Peter ZIEMER Examiner Name — Phillip A. JOHNSON Art Unit — 3656 Attorney Docket No. — ZAHFRI P887US

METHOD OF PAYMENT (check all that apply)

■ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

■ Deposit Account Deposit Account Number __04-0213__ Deposit Account Name:_DAVIS & BUJOLD, P.L.L.C_

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**

■ Charge any additional fee(s) or underpayments of fee(s) ■ Credit any overpayments
under 37 CFR 1.16 and 1.17

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Indep. Claims _____ -3 or HP +	Extra Claims _____ x	Fee ($) $220/$110 =	Fee Paid ($) _____	_____ _____

HP = highest number of independent claims paid for, if greater than 3.
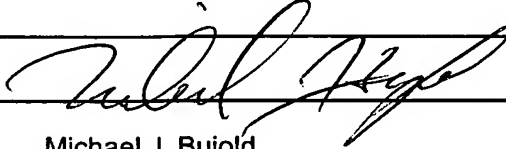
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Name (Print/Type)	Michael J. Bujold	Registration No. (Atty/Agent) 32,018	Date: June 11, 2009